

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

RECEIVED

2014 DEC 29 AM 11:29

FEC Form Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Leadership America PAC-NC

ADDRESS (number and street)

3125 Wilshire Dr #B



Check if different  
than previously  
reported. (ACC)

Baton Rouge

LA

70806

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C00563098

3. IS THIS  
REPORT

☒ NEW  
(N)

OR

☐ AMENDED  
(A)

STATE ▼ DISTRICT

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM

DD

YYYY

in the  
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM

DD

YYYY

in the  
State of

5. Covering Period

MM

DD

YYYY

through

MM

DD

YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steve Verzwuyvelt

Signature of Treasurer

Steve Verzwuyvelt

Date

MM

DD

YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only

**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

Leadership America NC

Report Covering the Period:

From:

10 / 01 / 2014

To:

11 / 24 / 2014

## 6. Net Contributions (other than loans)

(a) Total Contributions  
(other than loans) (from Line 11(e)) ....

0.00

0.00

(b) Total Contribution Refunds  
(from Line 20(d)) .....

0.00

0.00

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) .....

0.00

0.00

## 7. Net Operating Expenditures

(a) Total Operating Expenditures  
(from Line 17) .....

0.00

0.00

(b) Total Offsets to Operating  
Expenditures (from Line 14) .....

0.00

0.00

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)) .....

0.00

0.00

8. Cash on Hand at Close of  
Reporting Period (from Line 27) .....

0.00

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

0.00

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

0.00

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Leadership America NC

Report Covering the Period:

From:

10 / 01 / 2014

To:

11 / 24 / 2014

I. RECEIPTS

COLUMN A  
Total This Period

COLUMN B  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than Political Committees
- (i) Itemized (use Schedule A).....
- (ii) Unitemized.....
- (iii) TOTAL of contributions from individuals ▶
- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) The Candidate.....
- (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

0.00  
0.00  
0.00  
0.00  
0.00  
0.00  
0.00

0.00  
0.00  
0.00  
0.00  
0.00  
0.00  
0.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS:

- (a) Made or Guaranteed by the Candidate.....
- (b) All Other Loans.....
- (c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00  
0.00  
0.00

0.00  
0.00  
0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

0.00

0.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

## **II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

000

000

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES .....

000

000

19. LOAN REPAYMENTS:  
(a) Of Loans Made or Guaranteed  
by the Candidate.....  
(b) Of All Other Loans .....

20. REFUNDS OF CONTRIBUTIONS TO:  
(a) Individuals/Persons Other  
Than Political Committees .....

21. OTHER DISBURSEMENTS .....

000

000

22. **TOTAL DISBURSEMENTS**  
(add Lines 17, 18, 19(c), 20(d), and 21) ►

000

000

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

000

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

000

25. SUBTOTAL (add Line 23 and Line 24).....

000

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

000

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25).....

000

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
------------------------------	------------------------------	------------------------------	------------------------------	-----------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Leadership America- NC

Full Name (Last, First, Middle Initial)

**A.** Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B.** Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.** Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

000

000

11001-1-000-2-1000

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Leadership America-NC**

Full Name (Last, First, Middle Initial)

**A.**

Date of Disbursement

/  /

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

/  /

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

/  /

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE OF

FOR LINE NUMBER:  
(check only one)

13a  
13b

NAME OF COMMITTEE (In Full)

Leadership America - NC

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

☐ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M /

O O /

Y Y Y Y Y

M M /

O O /

Y Y Y Y Y

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

TOTALS This Period (last page in this line only) ..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C-1 (FEC Form 3)

## LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="border: 1px solid black; height: 20px;"></div>	Interest Rate (APR) <div style="border: 1px solid black; height: 20px;"></div> %
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M</div><div style="border: 1px solid black; padding: 2px;">D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>	
City	State	Zip Code	Date Due <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M</div><div style="border: 1px solid black; padding: 2px;">D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M</div><div style="border: 1px solid black; padding: 2px;">D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; height: 20px;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; height: 20px;"></div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes      (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; height: 20px;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; height: 20px;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M</div><div style="border: 1px solid black; padding: 2px;">D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M</div><div style="border: 1px solid black; padding: 2px;">D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M</div><div style="border: 1px solid black; padding: 2px;">D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>	
Title			

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE OF

FOR LINE NUMBER:  
(check only one)

☐ 9  
☐ 10

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) .....

2) TOTALS This Period (last page this line number only) .....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....

# FEC FORM 3Z (File with Form 3)

## CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full)		Report Covering Period:				
		From:		To:		
		<div style="display: flex; justify-content: space-around;"> <div><div></div><div>MM</div><div></div></div> <div><div></div><div>DD</div><div></div></div> <div><div></div><div>YYYY</div><div></div></div> </div>		<div style="display: flex; justify-content: space-around;"> <div><div></div><div>MM</div><div></div></div> <div><div></div><div>DD</div><div></div></div> <div><div></div><div>YYYY</div><div></div></div> </div>		
Committee Name		(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees		(b) Line No. 11(b) Total Contributions From Political Party Committees		
A						
B Column Total Last Page Only.....						
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A						
B						
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A						
B						
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A						
B						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A						
B						
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A						
B						

FROM

Leadership America-NC  
3125 Wilshire Dr., #B  
Baton Rouge, LA 70806

U.S. POSTAGE  
PAID  
BATON ROUGE, LA  
70806  
DEC 22, 14  
AMOUNT  
**\$2.68**  
90046774-07



20463



1000

**UNITED STATES  
POSTAL SERVICE®**

**USPS TRACKING #**



**9114 9999 4431 3516 4844 60**

Label 400 Jan. 2013  
7690-16-000-7948


PEC

999 E-Street NW

Washington, DC 20463

TO

Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 12/22/14
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	12/29/14 DATE PREPARED

(8/2013)